

Background: Sentinel lymph node (SLN) biopsy is routinely practised for axillary staging with 25–30% having positive SLN. Ki-67, a cell-cycle antigen and proliferative marker has been used in several studies in combination with other variables to predict axillary lymph node (ALN) involvement.

Aim: To examine whether Ki-67 can be used as a predictor for ALN involvement.

Methods: A prospective study of 230 patients with invasive breast cancer undergoing SLN biopsy between January 2009 and December 2010.

Histopathology reports were reviewed regarding Ki-67, tumour grade, Oestrogen, Progesterone and Herceptin receptor and ALN status.

Results: The highest incidence of positive axillary lymph nodes occurred in patients with Ki-67 levels of 26–50%; 13(31.7%). In the group with Ki-67 levels $\leq 10\%$, 11–25%, 51–75% and $\geq 76\%$ lymph node involvement occurred in 15(18.1%), 20(30.3%), 6(21.4%) and 2(16.7%) patients respectively.

Discussion: Higher levels of Ki-67 were not associated with ALN involvement. Ki-67 is therefore not suitable as a single marker for the presence of ALN metastases.

Until we have more sophisticated markers, lowering the threshold for adjuvant chemotherapy ought to be considered. In the meantime Ki-67 remains an important factor in the decision about adjuvant treatment.

0683 AN AUDIT OF ENT TRAINING OPPORTUNITIES DURING NIGHTS ON-CALL

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Aims: The JCST requirements for otolaryngology training state that trainees must have completed 300 nights on-call by the end of their training. Due to European working time directive often this can result in trainees being required to take time off work during office hours. In this study we aim to quantify the experience gained from ENT nights on call by SHO's and SpR's.

Methods: During a two week period, the night time (21.00pm–09.00am) activity of ENT SHO's and SPR's was monitored across 10 hospitals across the Severn and Southwest Peninsula training region. The data was collected by daily telephone interview and emails.

Results: On average SHO's were receiving a mean of 1.2 new referrals a night (range 0.43–3.09) with a mean admission rate of 0.5 patients (range 0.29–1.36). The SpR was called once every 5 days (mean) per hospital although some registrars covered up to 3 hospitals. Operating rates were 1 operation in 25 nights per hospital.

Conclusion: This study found that the out of hour's activity for ENT SpR's was minimal. In view of this the compulsory 300 night's on-call may be detrimental for ENT training against the backdrop of the European working time directive.

0684 A RETROSPECTIVE AUDIT OF WARD ATTENDEES TO A NEUROSURGICAL UNIT: OPTIMISING WARD ATTENDEE CLINIC SERVICE DELIVERY

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Aim: The new NHS White Paper will reform the way hospitals are funded; GP's are now able to buy services from the private sector. NHS Hospitals must look at the services they provide to improve their efficiency and cost effectiveness. An audit of an informal ward attender service in a neuro-surgical unit was carried out to identify areas that could be more efficient.

Method: We retrospectively audited neurosurgical ward attendees from 22/12/09 until 24/11/10. An audit proforma and information from electronic records provided a comprehensive database.

Results: During the period audited 107 males and 98 females visited the ward. Patients presented for a range of reasons including: 62 for wound review, 42 for suture removal, and 3 for breaking bad news. Lengths of stay were variable, ranging from less than 30 minutes (69 patients) to over 180 minutes (9 patients). During which 20 CT Scans, 45 spinal X-Rays and 40 sets of bloods were taken. A GP letter was completed in only 9% of visits.

Conclusions: A dedicated Doctor with dedicated time slots would improve efficiency and the number of GP letters written. Breaking bad

news should be moved to the consultant led clinic. GP's should be charged this service.

0686 FUNCTIONAL SEPTORHINOPLASTY: TRAINEES VERSUS TRAINERS

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Background: Septorhinoplasty is an advanced skill, mostly reserved for the consultants but senior trainees are also expected to carry out this procedure successfully. Revision rhinoplasties could be a useful parameter to assess the outcome of initial rhinoplasties. We wanted to investigate if the patients were disadvantaged if operated upon by the trainee surgeons.

Patients and Methods: Retrospective chart review of all functional septorhinoplasties over last 12 years (1998–2010). The patients were identified from the theatre logbooks. Data collected include demographics, grade of surgeon, and incidence of revision nasal surgery. We have investigated the incidence of revision septorhinoplasty based on the grade of the surgeon performing the primary septorhinoplasty.

Results: A total of 805 patients (mean age 32 years) were identified. Of this, 33% (263) were operated on by the trainees and 67% (542) by a consultant surgeon. Surgical interventions were: Rhinoplasty (63/805), Septorhinoplasty (573/805), and Open septorhinoplasty (157/805). Twelve patients required revision surgery: 2 were operated upon by the trainees (2/263=0.8%) and consultants performed surgery in 10 patients (10/542=1.8%).

Conclusions: Our data shows that trainees can be expected to achieve a satisfactory outcome after septorhinoplasty and patients do not seem to be disadvantaged if operated upon by surgeons in training.

0687 PATIENTS REFERRED TO HEAD AND NECK CANCER CLINIC: DO THEY REFLECT THOSE AT HIGHEST RISK?

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Introduction: The 2-week wait referrals for suspected head and neck cancer were developed to ensure that those patients at highest risk could be seen quickly. Unfortunately studies have shown a low cancer diagnosis rate.

Aim: Assess whether high-risk demographic groups are being appropriately referred.

Material and Methods: A retrospective case analysis of 622 patients referred to the head and neck cancer clinic at Queen Elizabeth Hospital Birmingham between July 2009 and July 2010.

Results: Mean Age - 57 (range 18 - 95 years); Male: Female = 46:54; Ethnicity: White (all groups) = 57%; Black (all Groups) = 4%; Asian (all groups) = 8%; Chinese = 1%; Mixed (all groups) = 1%

Discussion: The demographics of our patient cohort show that high-risk groups are not accessing this referral pathway. We suggest a number of recommendations to improve the pathway including: improving GP access to appropriate local epidemiological data; appropriate weighting of high-risk groups on referral proforma; improving patient information amongst high-risk groups.

0688 A 5 YEARS PARALLEL OBSERVATION STUDY OF THE USE OF SEQUENTIAL COMPRESSION BIOMECHANICAL DEVICE (SCBD) IN CRITICAL LIMB ISCHAEMIA (CLI) PATIENTS WITH UNRECONSTRUCTABLE PERIPHERAL VASCULAR DISEASE (PVD) VS PRIMARY AMPUTATION IN A TERTIARY REFERRAL VASCULAR CENTRE

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The aim of our study is to find out the long term outcome of the use of the SCBD as an alternative treatment for patients with CLI who are unfit for revascularisation.

From 2004 to 2009, 170 patients had joined the SCBD programme. We matched controlled 75 primary amputations which were performed in the